

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516933

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4	1					
5		1				
6	1					
7		1				
8	1					
9						
10						
11		1				
12		1				
13		1				
14	1					
15		1				
16	1					
17	15					
18		1				
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1	0		
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1	1		
42			1	0		
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	30	←		←	←	←
TOTAL CLAIMS	31	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		4				
67						
68						
69						
70						
71						
72						
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90						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13		↓		↓	↓
TOTAL DEP.	49	←		←	←	←
TOTAL CLAIMS	52	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]